

C. Daily Customer Traffic

Number

1. Estimate number of transfer vehicles _____
2. Estimated number of municipal collection vehicles _____
3. Estimated number of private collection vehicles _____
4. Estimated commercial/industrial/special trucks 2-3 /week
5. Estimated residential pickup trucks/station
 wagons daily _____
6. Estimated residential cars _____
7. Additional comments _____

Part IV.

GENERAL OPERATION

Please indicate any significant change, modification, addition or deletion in your general method of operation from that described in your original permit application (e.g. new equipment, road surfacing, installation of dust control sprinklers, noise control measures, traffic revision, blowing litter control, leachate collection, monitoring schedule, etc.):

(Use additional sheets
if necessary)

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